

FCCLA Advisor Recognition Program

2001-2002 Master Advisor Application

Instructions

Type all information. Do not attach additional pages or materials except where noted. If you have too much information for the allotted space, select your best examples.

Return the following to your state advisor by February 1:

1. A completed copy of this Master Advisor Application
2. One recommendation from each of the groups listed below is required. Photocopy the recommendation form provided, giving one copy to each individual.
 - FCCLA member
 - School administrator (principal, superintendent or vocational director)
 - Person of candidate's choice (teacher educator, city supervisor, another teacher, etc.)

CANDIDATE INFORMATION

Name of Candidate _____

Chapter _____

School _____

Principal's Name _____

School Address _____

City/State/Zip _____

Home Address _____

City/State/Zip _____

Phone: School () _____ FAX () _____ Home () _____

Number of years teaching _____ Number of years advising _____

Courses taught ☐ Comprehensive ☐ Occupational Number of Members in Chapter _____

Grade levels taught _____

Family and consumer sciences courses currently teaching _____

When FCCLA chapter meets (in class or outside of class) _____

A. Chapter Facilitation Skills and Accomplishments (50%)

1. Describe how you introduce Family, Career and Community Leaders of America to your students.

2. Describe how projects are planned in your chapter.

3. List types of recognition offered to your chapter members.

Types of Recognition

Who Plans This Recognition

When Received

4. Briefly describe co-curricular chapter projects completed during the past three years representative of your chapter's program of work.

5. Size of family and consumer sciences program and FCCLA membership during the past three years.

Year

Family and Consumer Sciences Enrollment

FCCLA Members

B. Promoting the Organization (30%)

1. *Candidates for office.* Note below the number of officer candidates you have sponsored for positions beyond the chapter level during your teaching career.

_____ District*

_____ State

_____ National

2. *State and nationally sponsored meetings.* List the calendar years you have attended any state or nationally sponsored meetings.

District _____

State _____

National _____

*District refers to district, region, parish, or any other sub-state level.

3. Identify state and national publicity resources you have used in the last three years to promote the organization. (video, posters, *Teen Times*, etc.)

4. Identify ways your chapter publicizes FCCLA in the community and school.

C. Professional Development (10%)

Describe FCCLA leadership roles you have fulfilled beyond your local chapter, in-service training sessions and other professional development activities during your years as an advisor.

D. Master Advisor Recommendation (10%)

Please photocopy the attached Master Advisor Recommendation Form and secure one recommendation from each of the groups listed below. A total of three recommendations are required.

- FCCLA member
- School administrator (principal, superintendent, or vocational director)
- Person of candidate's choice (teacher educator, city supervisor, another teacher, etc.)

FCCLA Advisor Recognition Program

Master Advisor Recommendation

Applicant Instructions

Type your name in the blank below and send this form to three people who can evaluate your performance as an FCCLA Advisor. (See instructions on Master Advisor Application).

Evaluator Instructions

_____ is applying for recognition as a Master Advisor.
Your assistance in evaluating this applicant is appreciated.

Please read the information below and use the attached form to rate the candidate in these areas. Return this form to the candidate no later than **January 15**. Thank you for your recommendation.

A Master Advisor is one who has –

- completed or is completing three years of advising;
- communicated the opportunities of Family, Career and Community Leaders of America (local, state, and national levels) to students in the family and consumer sciences program;
- publicized Family, Career and Community Leaders of America activities that promote a positive, up-to-date image of family and consumer sciences;
- advised a chapter that carries out a program of work that –
 - relates to the purposes of the organization
 - includes curriculum-related projects, balanced by fund raising activities, membership promotion, social events, public relations events and business meetings;
 - includes local activities related to state and national projects (such as membership promotions, Families First, STAR Events, Power of One, Financial Fitness or Leaders at Work);
 - includes opportunities for individualized, competitive and cooperative actions;
- helped members plan projects related to their own concerns
- encouraged chapter activities relating to the scope of family and consumer sciences subjects being taught.

FCCLA Master Advisor Recommendation

Name of candidate _____

Instructions

Use this form to rate the candidate's advising skills, checking the appropriate rating. Return this form to the candidate no later than **January 15**.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Promotes FCCLA involvement to students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Develops a relevant program of work –			
▪ relates to family and consumer sciences education;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ develops balance program of work;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ involves students in state and national activities;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ includes cooperative, competitive and individualized activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Encourages youth-planned chapter projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Includes chapter projects representing the scope of family and consumer sciences subjects being taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Publicizes Family, Career and Community Leaders of America.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Signature

Date

Person completing this form:

Name _____

Title _____

School _____

Address _____

City/State/Zip _____

Phone () _____

☐ FCCLA Member

☐ School Administrator (principal, supt.,
vocational director)

☐ Person of candidate's choice

(teacher educator, city supervisor, other teacher, etc.)